

May 12, 2011

Bankruptcy Court: US Bankruptcy Court, Southern District of New York

Debtors: Lehman Brothers Holdings Inc., et al.

Case Number: Chapter 11 Case No. 08-13555 (JMP)

RE: One Hundred Seventeenth Omnibus Objection

Dear Madam/Sir,

I am writing to oppose disallowance and expungement of the following claims as per One Hundred Seventeenth Omnibus Objection filed by the Debtors:

Claim #	Claimant	Amount	Basis
11061	Konstantin Braun 26 Winterbottom Lane, Pound Ridge, NY 10576	Priority: \$7,670 Total: \$7,670	Severance, Vacation Pay
11062	Konstantin Braun 26 Winterbottom Lane, Pound Ridge, NY 10576	Priority: \$10,950 Unsecured: \$22,383 Total: \$33,333	Severance, Notice Period Compensation
11063	Konstantin Braun 26 Winterbottom Lane, Pound Ridge, NY 10576	Priority: \$10,950 Unsecured: \$88,780 Total: \$99,730	Severance, Outstanding Severance

These claims should not be disallowed and expunged. Please find attached two documents evidencing the Debtor's responsibility for the claims:

1. Proof of Claim form (Unique Identification Number 5545010070) which was mailed to me by the Debtor, Lehman Brothers Holdings Inc. The form invited me to submit a claim against the Debtor with "Outstanding Severance" stated in the "Description" box. This document is clearly stating that "Your Claim is scheduled by the indicated Debtor as: \$140,658.90 UNSECURED, UNLIQUIDATED, CONTINGENT, DESCRIPTION: OUTSTANDING SEVERANCE."
2. Letter dated September 30, 2008 from the Debtor, Lehman Brother Holdings Inc. The letter informed me of discontinuation of the payments and invited me to submit claims as a part of the bankruptcy process.

Both documents are offering clear evidence of Lehman Brothers Holdings Inc. acknowledging that it, as opposed to a different Lehman Brothers entity, has responsibility for my severance payments.

It is unclear to me why the Debtor chose to mislead former Lehman Brothers employees into filing claims against the Debtor that the Debtor would later reject on the basis that the employees filed the

claims against the wrong party. I find it appalling and reprehensible that the Debtor's legal team has chosen to go with all its might after the least protected, small group of creditors whose claims, as employee claims, are sacrosanct under the Bankruptcy Code.

Kind regards,

A handwritten signature in dark ink, appearing to read "Konstantin Braun". The signature is written in a cursive, flowing style with some capitalization and a long, sweeping underline.

Konstantin Braun
26 Winterbottom Lane,
Pound Ridge, NY 10576

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

PROOF OF CLAIM

In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held LEHMAN BROTHERS HOLDINGS, INC.	Case No. of Debtor 08-13555 (JMP)

UNIQUE IDENTIFICATION NUMBER: 555040070

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (MERGE2.DBF,SCHED_NO) SCHEDULE #: 555040070*****
BRAUN,KONSTANTIN
26 WINTERBOTTOM LN
POUND RIDGE, NY 10576

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: _____

(If known)

Filed on: _____

NOTICE OF SCHEDULED CLAIM:
Your Claim is scheduled by the indicated Debtor as:



\$140,658.90 UNSECURED
UNLIQUIDATED
CONTINGENT

DESCRIPTION:
OUTSTANDING SEVERANCE

Telephone number: _____

Email Address: _____

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: _____

Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ _____

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.*

☐ Check this box if all or part of your claim is based on a Guarantee.*

***IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: _____

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____**3a. Debtor may have scheduled account as:** _____

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____

(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: _____

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

LEHMAN BROTHERS HOLDINGS INC.

September 30, 2008

Dear Mr. Braun:

We are disappointed to inform you that as a result of the bankruptcy of Lehman Brothers Holdings Inc. and the placement of Lehman Brothers Inc. into a liquidation proceeding under the Securities Investor Protection Act (SIPA), Lehman Brothers is unfortunately no longer able to provide the salary continuation or other payments described in your separation agreement. As a result, you will not receive a payment on October 3, 2008 or thereafter.

You may continue to be covered under any current medical, dental and/or vision benefits through the end of your original salary continuation date as set out in your separation agreement. Because you will no longer receive salary continuation payments from which your employee contributions for these benefits can be deducted, you will be billed monthly for these costs. An invoice will be mailed to your home with instructions on how and when to return your payment. Your current coverage is in effect and will remain in place subject to timely payment of your contributions.

The cost to you for medical, dental and/or vision coverage will remain the same through December 2008 but may increase in the future. As of your termination date, you may be eligible to continue these benefits for up to 18 months under COBRA.

For other voluntary benefits you may be covered under, you will receive a mailing directly from the insurance carrier to continue your coverage on a direct bill basis (for example, MetLife Auto & Home, Mass Mutual Group Variable Universal Life Insurance, Hyatt Legal).

As a matter of federal law, the assets of the Lehman Brothers Savings Plan (401(k) plan) and Lehman Brothers Holdings Inc. Retirement Plan (pension plan) are protected from the claims of Lehman Brothers' creditors. Information about these entitlements is available through Fidelity NetBenefits at www.netbenefits.fidelity.com or by calling 1-866-534-6266.

If you are owed additional severance payments that cannot be paid at this time as a result of the various Lehman bankruptcy proceedings, you will have claims for these amounts that can be filed as part of the bankruptcy process. At some point in the future, you will be receiving notification of the procedures for the filing of claims and the date by which the claims must be filed. A deadline for filing claims has not yet been set.

Also, if you have not yet done so, you may wish to apply for unemployment insurance benefits in your state. Information about applying for unemployment benefits is enclosed.

We recognize that this is difficult news and that you may have questions about this situation. Please call the Lehman Brothers HR Service Center at 212.526.2363. They can answer your questions or direct your call to someone who can.

Very truly yours,

LEHMAN BROTHERS HOLDINGS INC.



Date: 05/19/2011

Konstantin Braun:

The following is in response to your 05/19/2011 request for delivery information on your Certified Mail(TM) item number 7010 3090 0000 6907 9955. The delivery record shows that this item was delivered on 05/16/2011 at 12:55 PM in NEW YORK, NY 10004. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section	
Signature	H. Cales
Address	H. Cales

Address of Recipient:

Address	1 B G NY 10004
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Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service